

City of Leesburg
Rental Property Owner
Occupational License Application

Phone (352) 728-9818, Fax (352) 728-9734

501 W. Meadow St./ P O Box 490630/Leesburg, FL 34749-0630 E-mail: tammyk@ci.leesburg.fl.us

1. NAME OF BUSINESS _____
_____ Incorporated _____ Partnership _____ Fictitious Name _____ Sole Proprietor /Person/Landlord

2. BUSINESS ADDRESS _____ BUS. PHONE _____

3. MAILING ADDRESS FOR RENEWALS _____ ZIP _____

4. LICENSEE'S INFORMATION:

PRINT NAME _____ PHONE # _____

HOME ADDRESS _____ ZIP _____ FEDERAL ID # _____

DRIVERS LICENSE # _____ DATE OF BIRTH _____ SSN _ _____
(DD/MM/YYYY)

EMERGENCY CONTACT NAME _____ PHONE # _____

5. _____ NEW PROPERTY OWNER _____ ADD NEW PROPERTIES TO EXISTING LICENSE

I AM THE OWNER OF THE FOLLOWING RENTAL PROPERTIES:

TOTAL # OF PROPERTIES _____ (1-15 units \$25.00 / 16-50 units \$40.00 / 51 or more \$70.00)

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

APPLICANT SIGNATURE _____ DATE _____

NOTIFY THIS OFFICE IMMEDIATELY IF YOU CHANGE YOUR NAME, ADDRESS, SERVICES, TELEPHONE NUMBERS, OWNERSHIP, ETC.

FOR OFFICE USE ONLY

LICENSE CLASSIFICATION _____ LICENSE FEE _____ LICENSE # _____

CONTROL # _____ TRANSFER FROM LICENSE # _____ CONTROL # _____

ISSUER: _____ DATE: _____